2016-2017 CCDF Application



Chitimacha Tribe of Louisiana

CHITIMACHA TRIBE OF LOUISIANA
CHILD CARE AND DEVELOPMENT FUND PROGRAM
3231 Chitimacha Trail
P.O. BOX 520
CHARENTON, LA 70523

APPLICATION FOR SERVICES

To the Applicant:

Complete each question on this application to the best of your knowledge and ability. If you have any questions while you are completing the application, ask for assistance from Jenna Fontenot, CCDF Program Manager. She can be contacted via any of the following: 3231 Chitimacha Trail, P.O. Box 520, Charenton, LA 70523, e-mail: <u>ifontenot@chitimacha.gov</u>, Office Phone: (337)923-7000, Fax: (337)923-2475.

Complete this application in blue or black ink only. Do not write over, erase, or use correction fluid. If you make a mistake draw one straight line through the incorrect answer. Insert the correct answer clearly and initial the correction.

Please attach all required documentation listed below, as they relate to you, to the CCDF application:

Proof of Income (for the last month for household members)

Proof of School Verification for Parent/Guardian

Proof of Guardianship/Protective Services Documents (if applicable)

Proof of Adoption (if applicable)

Special Needs Documentation for child(ren)

A detailed listing of acceptable forms of documentation can be found on the following page.

As a reminder, applications will not be processed until all required documentation is submitted.

REQUIRED VERIFICATION DOCUMENTATION

Eligibility will be determined based upon the information that you provide. <u>All</u> required documentation must show applicant(s) full name.

If you are unable to obtain any of the following documents or have any other questions, please contact Jenna Fontenot.

<u>Proof of Income</u>	School Attendance Verification					
Applicant must verify family income for one (1) month. a. Payroll Check Stubs (most recent) b. W-2 c. Income Tax Return d. Certified Letter from Employer (must state hourly/wage information and must be signed by an authorized representative of the company)	Applicant must verify that they are attending school. a. Verifiable class schedule/school registration					
Proof of Guardianship/Protective Services	Proof of Adoption					
Applicant must provide certified legal documentation appointing he/she as legal guardian or "in loco parentis".	If applicant or spouse is not the natural parent, as indicated on the birth certificate, the applicant must provide certified legal proof of adoption documentation.					
Special Needs Documentation						
Documentation in support of special needs must be submitted. a. Doctor's report b. School Records (i.e., school counselor, school psychologist)	·					



CHITIMACHA TRIBE OF LOUISIANA

Received by Jenn	a Fontenot
☐ Initial Application	Renewal

Application Form

Parent/Guardian Inform	ation # 1						
Last	First			MI	DOB (mm/s	id/yyyy)	Tribal Affiliation
Mailing Address		City			State		Zip
Physical Address	City		s			Zip	
Phone	Phone	2	Email				
Please complete all applical	ole fields be	low.					
Are you currently enrolled	in any type	of educational prog	gram?				
□ Yes □ No							
School:			Phone			Fax	
Address		City			State		Zip
Classification	□Part-Time	☐ Full-Time	Schedule: Hou	Days Per Week			
Are you currently employed ☐ Yes ☐ No	d or attendin	g job training?					
Employer:			Phone			Fax	
Address		City			State		Zip
Monthly Gross Wages	☐ Part-Time	☐ Full-Time	Schedule: Hou	rs Per Da	ay	Schedule:	Days Per Week

'arent/Guardian/Uti	er Information	#2				
Last	First		MI	DOB (m	m/dd/yyyy)	Tribal Affiliation
Phone	Phone	2	Emai	l		
Yes No			Phone		Fax	
School:		Phone		Fax		
Address		City		State		Zip
Classification	□Part-Time	☐ Full-Time	Schedule: Hours Per	dule: Hours Per Day		Days Per Week
	oloyed or attendir	ng job training?				
□ Yes □ No	oloyed or attendir	ng job training?	Phone		Fax	
Are you currently emp Yes No Employer:	oloyed or attendin	ng job training?	Phone	State	Fax	Zip

LIST ALL INDIVIDUALS RESIDING IN THE HOUSEHOLD

Names	Date of Birth (mm/dd/yyyy)	Care N	leeded?		Program (Check all that ap	nnh)			
	(**************************************	Parent / Guardian		N/A					
	-	Parent /	Guardian		N/A				
		☐ Yes	□No	☐ Yaamahana	☐ Summer Camp	☐ After School Care			
		□Yes	□No	☐ Yaamahana	☐ Summer Camp	☐ After School Care			
		☐ Yes	□No	☐ Yaamahana	☐ Summer Camp	☐ After School Care			
		☐ Yes	□ No	☐ Yaamahana	☐ Summer Camp	☐ After School Care			
		☐ Yes	□ No	☐ Yaamahana	☐ Summer Camp	☐ After School Care			
		☐ Yes	□ No	☐ Yaamahana	☐ Summer Camp	☐ After School Care			
Are any of the child(ren) listed at Yes No 1	2								
1.) I affirm, to the best of my k 2.) I will notify the agency with need status.	nin ten (10) working days	when ther	e is any c	hange in my ho	usehold income, f	family size, or			
3.) I understand that I am respo services.4.) I understand that I must rene from the CCDF Program.									
Parent/Guardian				Date					
Parent/Guardian				Date					

FAMILY SIZE

		1		2	3		4		5		6	
		August (August Agent) (August Agent)										
No Income	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0
100% of Poverty	\$	990	\$	1,335	\$	1,680	\$	2,025	\$	2,370	\$	2,715
Weekly Parent Fee		\$10		\$10		\$10		\$10		\$10		\$10
100% FPL+\$1	\$	991	\$	1,336	\$	1,681	\$	2,026	\$	2,371	\$	2,716
125% FPL		\$1,238		\$1,669		\$2,100		\$2,531		\$2,963		\$3,394
Weekly Parent Fee		\$25		\$25		\$25		\$25		\$25		\$25
4050/ 501 .64	_	4 000			_							
125% FPL+\$1	\$	1,239	\$	1,670	\$	2,101	\$	2,532	\$	2,964	\$	3,395
150% FPL	 	\$1,485	_	\$2,003	_	\$2,520		\$3,038		\$3,555		\$4,073
Weekly Parent Fee		\$45	\$45		\$45		\$45		\$45		\$45	
150% FPL+\$1	\$	1,486	\$	2,004	\$	2,521	\$	3,039	\$	3,556	\$	4,074
175% FPL		\$1,733		\$2,336		\$2,940		\$3,544		\$4,148		\$4,751
Weekly Parent Fee		\$55		\$55	\$ 55		\$55		\$55		\$5 5	
							- 24					
175% FPL+\$1	\$	1,734	\$	2,337	\$	2,941	\$	3,545	\$	4,149	\$	4,752
200% FPL		\$1,980		\$2,670		\$3,360		\$4,050		\$4,740		\$5,430
Weekly Parent Fee		\$ 65		\$65		\$65		\$65	65 \$65		\$65	
200% FPL+\$1	\$	1,981	\$	2,671	\$	3,361	\$	4,051	\$	4,741	\$	5,431
85% SMI	\$	2,634	\$	3,444	\$	4,255	\$	5,065	\$	5,876	\$	6,686
Weekly Parent Fee		\$75		\$75	\$75		\$75		\$75		\$75	
all the file of the second												ed options
Over 85% SMI	\$	2,634.01	\$	3,444.01	\$	4,255.01	\$	5,065.01	\$	5,876.01	\$	6,686.01
Weekly Parent Fee	No	ot eligible	No	ot eligible	No	t eligible	No	t eligible	No	t eligible	No	t eligible